

APPENDIX 4 – Annual Report Forms for Secondary Permittees

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First Year Annual Report

First Year Annual Report

Two printed copies and one electronic copy of this report are due to Ecology by March 31 following the reporting period (S9 *Reporting Requirements*). The reporting period is the previous calendar year. Complete sections I through VI. Do not leave any questions blank.

I. Permittee Information

<i>Permittee Name</i>		<i>Permit Coverage Number</i>
<i>Contact Name</i>		<i>Phone Number</i>
<i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip + 4</i>
<i>Email Address:</i>		

II. Regulated Small MS4 Location

<i>Jurisdiction</i>
<i>Entity Type:</i> <input type="checkbox"/> Port <input type="checkbox"/> Diking/drainage district <input type="checkbox"/> Flood control district <input type="checkbox"/> College/University <input type="checkbox"/> Public school district <input type="checkbox"/> Park district <input type="checkbox"/> State agency _____ <input type="checkbox"/> Other _____
<i>Major receiving water(s):</i>

III. Relying on another Governmental Entity

If you are relying on another governmental entity to satisfy one or more of the permit obligations, list the entity and the permit obligation they are implementing on your behalf below. ***Attach a copy of your agreement with the other entity.***

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that Qualified Personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for willful violations.

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

V. Submittal

Deliver two printed and signed copies and one electronic copy (MS Word format or PDF, on CD ROM of this report by March 31, 2008 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

VI. Status Report For the First Year Annual Report

-
1. YES ☐ NO ☐ Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern non-stormwater discharges? (S6.D.3.a)

Comments:

-
2. YES ☐ NO ☐ Developed, adopted, and implemented policies prohibiting illicit discharges and illegal dumping, including an enforcement mechanism? (S6.D.3.b.)

Comments:

-
3. YES ☐ NO ☐ Attached a copy of the policies and enforcement plan and a summary of illicit discharges discovered and actions taken to eliminate the discharges and other applicable requirements under S6.D.3.b. and S9?

Comments:

-
4. YES ☐ NO ☐ Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern construction phase stormwater pollution prevention measures? (S6.D.4.a)

Comments:

-
5. YES ☐ NO ☐ Obtained NPDES permit coverage for all applicable construction projects owned or operated by the Permittee? (S6.D.4.b)

Comments:

-
6. YES ☐ NO ☐ Coordinated with local jurisdictions on projects own or operated that discharge into Permittee's MS4? (S6.D.4.c)

Comments:

-
7. YES ☐ NO ☐ Provided training for relevant staff in erosion and sediment control BMPs and requirements, or hired trained contractors to perform the work? (S6.D.4.d)

Comments:

First Year Annual Report

8.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Provided access, as requested, for inspection of construction sites during the active grading and/or construction period? (S6.D.4.e)
<i>Comments:</i>		

9.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern post-construction stormwater pollution prevention measures, including proper operation and maintenance of the MS4? (S6.D.5.a)
<i>Comments:</i>		

10.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Applied the MTRs in Appendix 1 to all new public projects? (S6.D.5.c)
<i>Comments:</i>		

11.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Conducted spot checks of stormwater facilities after major storms? (S6.D.6.a.i)
<i>Comments:</i>		

12.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have NPDES permit coverage for all applicable industrial facilities owned or operated by the Permittee? (S6.D.6.b)
<i>Comments:</i>		

13.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Provided adequate training for staff to carry out the SWMP? (S6.D.6.c)
<i>Comments:</i>		

14.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Is there an approved Total Maximum Daily Load (TMDL) applicable to stormwater discharges from a MS4s owned or operated by the Permittee? (S7)
<i>Comments:</i>		

15.	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Complied with the specific requirements identified in Appendix 2? (S7.A)
<i>Comments:</i>		

16.	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Attached status report of TMDL implementation? (S7.A)
<i>Comments:</i>		

17. YES ☐ NO ☐ Where monitoring was required in Appendix 2, did you conduct
NA ☐ the monitoring according to a Quality Assurance Project Plan? (S7.A)

Comments:

18. YES ☐ NO ☐ **Took** appropriate action to correct or minimize the threat to human health
NA ☐ or the environment or otherwise stop or correct the condition of any
instances of non-compliance with any of the terms and conditions of this
Permit, including discharges from the Permittee's MS4 which may cause a
threat to human health or the environment? (G20 and S4.F)

Comments:

19. YES ☐ NO ☐ Notified Ecology of the failure to comply with the permit terms
NA ☐ and conditions within 30 days of becoming aware of the non-compliance?
(G20 and S4.F)

Comments:

20. YES ☐ NO ☐ Notified Ecology immediately in cases where the Permittee becomes
NA ☐ aware of a discharge from the Permittees MS4 which may cause or
contribute to an eminent threat to human health or the environment? (G20
and S4.F)

Comments:

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Second Year Annual Report

Second Year Annual Report

Two printed copies and one electronic copy of this report are due to Ecology by March 31 following the reporting period (S9 *Reporting Requirements*). The reporting period is the previous calendar year. Complete sections I through VI. Do not leave any questions blank.

I. Permittee Information

<i>Permittee Name</i>	<i>Permit Coverage Number</i>	
<i>Contact Name</i>	<i>Phone Number</i>	
<i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip + 4</i>
<i>Email Address:</i>		

II. Regulated Small MS4 Location

<i>Jurisdiction</i>
<i>Entity Type:</i> <input type="checkbox"/> Port <input type="checkbox"/> Diking/drainage district <input type="checkbox"/> Flood control district <input type="checkbox"/> College/University <input type="checkbox"/> Public school district <input type="checkbox"/> Park district <input type="checkbox"/> State agency _____ <input type="checkbox"/> Other _____
<i>Major receiving water(s):</i>

III. Relying on another Governmental Entity

If you are relying on another governmental entity to satisfy one or more of the permit obligations, list the entity and the permit obligation they are implementing on your behalf below. ***Attach a copy of your agreement with the other entity.***

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that Qualified Personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for willful violations.

Name_____Title_____Date_____

Name_____Title_____Date_____

Name_____Title_____Date_____

V. Submittal

Deliver two printed and signed copies and one electronic copy (MS Word format or PDF, on CD ROM of this report by March 31 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

VI. Status Report For the Second Annual Report

-
1. YES ☐ NO ☐ Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern non-stormwater discharges (S6.D.3.a)

Comments:

-
2. YES ☐ NO ☐ Implemented policies prohibiting illicit discharges and illegal dumping, including an enforcement plan? (S6.D.3.b)

-
3. YES ☐ NO ☐ Conducted field inspections and visually inspect for illicit discharges during dry weather at approximately one third of all known outfalls? (S6.D.3.d)
Number of outfalls inspected: _____

Comments:

-
4. YES ☐ NO ☐ Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern construction phase stormwater pollution prevention measures. (S6.D.4.a)

Comments:

-
5. YES ☐ NO ☐ Have NPDES permit coverage for all applicable construction projects owned or operated by the Permittee? (S6.D.4.b)

Comments:

-
6. YES ☐ NO ☐ Provided training for relevant staff in erosion and sediment control BMPs and requirements, or hired trained contractors to perform the work? (S6.D.4.d)

Comments:

-
7. YES ☐ NO ☐ Provided access, as requested, for inspection of construction sites during the active grading and/or construction period? (S6.D.4.e)

Comments:

Second Year Annual Report

8. YES ☐ NO ☐ Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern post-construction stormwater pollution prevention measures, including proper operation and maintenance of the MS4? (S6.D.5.a)

Comments:

9. YES ☐ NO ☐ Applied the MTRs in Appendix 1 to all new public projects? (S6.D.5.c)

Comments:

10. YES ☐ NO ☐ Conducted spot checks of stormwater facilities after major storms? (S6.D.6.a.i)

Comments:

11. YES ☐ NO ☐ Have NPDES permit coverage for all applicable industrial facilities owned or operated by the Permittee? (S6.D.6.b)

Comments:

12. YES ☐ NO ☐ Attached a summary of illicit discharges discovered and actions taken to eliminate the discharges. (S9)

Comments:

13. YES ☐ NO ☐ Provided adequate training for staff to carry out the SWMP? (S6.D.6.c)

Comments:

14. YES ☐ NO ☐ Is there an approved Total Maximum Daily Load (TMDL) applicable to stormwater discharges from a MS4s owned or operated by the Permittee? (S7)

15. YES ☐ NO ☐
NA ☐ Complied with the specific requirements identified in Appendix 2? (S7.A)

Comments:

16. YES ☐ NO ☐
NA ☐ Attached status report of TMDL implementation? (S7.A)

Comments:

Second Year Annual Report

17. YES ☐ **NO** ☐ **NA** ☐ Where monitoring was required in Appendix 2, did you conduct the monitoring according to a Quality Assurance Project Plan? (S7.A)

Comments:

18. YES ☐ **NO** ☐ **NA** ☐ Took appropriate action to correct or minimize the threat to human health or the environment or otherwise stop or correct the condition of any instances of non-compliance with any of the terms and conditions of this Permit, including discharges from the Permittee's MS4 which may cause a threat to human health or the environment? (G20 and S4.F)

Comments:

19. YES ☐ **NO** ☐ **NA** ☐ Notified Ecology of the failure to comply with the permit terms and conditions within 30 days of becoming aware of the non-compliance? (G20 and S4.F)

Comments:

20. YES ☐ **NO** ☐ **NA** ☐ Notified Ecology immediately in cases where the Permittee becomes aware of a discharge from the Permittees MS4 which may cause or contribute to an eminent threat to human health or the environment? (G20 and S4.F)

Comments:

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Third Year Annual Report

Third Year Annual Report

Two printed copies and one electronic copy of this report are due to Ecology by March 31 following the reporting period (S9 *Reporting Requirements*). The reporting period is the previous calendar year. Complete sections I through VI. Do not leave any questions blank.

I. Permittee Information

<i>Permittee Name</i>	<i>Permit Coverage Number</i>	
<i>Contact Name</i>	<i>Phone Number</i>	
<i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip + 4</i>
<i>Email Address:</i>		

II. Regulated Small MS4 Location

<i>Jurisdiction</i>
<i>Entity Type:</i> <input type="checkbox"/> Port <input type="checkbox"/> Diking/drainage district <input type="checkbox"/> Flood control district <input type="checkbox"/> College/University <input type="checkbox"/> Public school district <input type="checkbox"/> Park district <input type="checkbox"/> State agency _____ <input type="checkbox"/> Other _____
<i>Major receiving water(s):</i>

III. Relying on another Governmental Entity

If you are relying on another governmental entity to satisfy one or more of the permit obligations, list the entity and the permit obligation they are implementing on your behalf below. ***Attach a copy of your agreement with the other entity.***

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that Qualified Personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for willful violations.

Name_____Title_____Date_____

Name_____Title_____Date_____

Name_____Title_____Date_____

V. Submittal

Deliver two printed and signed copies and one electronic copy (MS Word format or PDF, on CD ROM of this report by March 31 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

VI. Status Report For the Third Annual Report

-
1. YES ☐ NO ☐ Labeled at least 50% of all storm drain inlets owned or operated by the Permittee that are located in maintenance yards, in parking lots, along sidewalks, and at pedestrian access points? (S6.D.1.a)

Number of inlets labeled: _____

Comments:

-
2. YES ☐ NO ☐
NA ☐ Distributed educational information to tenants and residents about the impact of stormwater discharges on receiving waters and steps that can be taken to reduce pollutants in stormwater runoff? (S6.D.1.b)

Comments:

-
3. YES ☐ NO ☐ Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern non-stormwater discharges (S6.D.3.a)

Comments:

-
4. YES ☐ NO ☐ Implemented policies prohibiting illicit discharges and illegal dumping, including an enforcement plan? (S6.D.3.b)

-
5. YES ☐ NO ☐ Conducted field inspections and visually inspect for illicit discharges during dry weather at approximately one third of all known outfalls? (S6.D.3.d) **Number of outfalls inspected:** _____

Comments:

-
6. YES ☐ NO ☐ Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern construction phase stormwater pollution prevention measures. (S6.D.4.a)

Comments:

-
7. YES ☐ NO ☐ Have NPDES permit coverage for all applicable construction projects owned or operated by the Permittee? (S6.D.4.b)

Comments:

-
8. YES ☐ NO ☐ Provided training for relevant staff in erosion and sediment control BMPs and requirements, or hired trained contractors to perform the work? (S6.D.4.d)

Comments:

Third Year Annual Report

9. YES <input type="checkbox"/> NO <input type="checkbox"/>	Provided access, as requested, for inspection of construction sites during the active grading and/or construction period? (S6.D.4.e)
<i>Comments:</i>	

10. YES <input type="checkbox"/> NO <input type="checkbox"/>	Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern post-construction stormwater pollution prevention measures, including proper operation and maintenance of the MS4? (S6.D.5.a)
<i>Comments:</i>	

11. YES <input type="checkbox"/> NO <input type="checkbox"/>	Applied the MTRs in Appendix 1 to all new public projects? (S6.D.5.c)
<i>Comments:</i>	

12. YES <input type="checkbox"/> NO <input type="checkbox"/>	Attached summary of illicit discharges discovered and actions taken to eliminate the discharges. (S9)
<i>Comments:</i>	

13. YES <input type="checkbox"/> NO <input type="checkbox"/>	Conducted spot checks of stormwater facilities after major storms? (S6.D.6.a.i)
<i>Comments:</i>	

14. YES <input type="checkbox"/> NO <input type="checkbox"/>	Have NPDES permit coverage for all applicable industrial facilities owned or operated by the Permittee? (S6.D.6.b)
<i>Comments:</i>	

15. YES <input type="checkbox"/> NO <input type="checkbox"/>	Developed and implemented an O&M program? (S6.D.6.a)
<i>Comments:</i>	

16. YES <input type="checkbox"/> NO <input type="checkbox"/>	Provided adequate training for staff to carry out the SWMP? (S6.D.6.c)
<i>Comments:</i>	

17. YES <input type="checkbox"/> NO <input type="checkbox"/>	Is there an approved Total Maximum Daily Load (TMDL) applicable to stormwater discharges from a MS4s owned or operated by the Permittee? (S7)
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Third Year Annual Report

18. YES ☐ NO ☐
NA ☐ Complied with the specific requirements identified in Appendix 2? (S7.A)

Comments:

19. YES ☐ NO ☐
NA ☐ Attached status report of TMDL implementation? (S7.A)

Comments:

20. YES ☐ NO ☐
NA ☐ Where monitoring was required in Appendix 2, did you conduct the monitoring according to a Quality Assurance Project Plan? (S7.A)

Comments:

21. YES ☐ NO ☐
NA ☐ Took appropriate action to correct or minimize the threat to human health or the environment or otherwise stop or correct the condition of any instances of non-compliance with any of the terms and conditions of this Permit, including discharges from the Permittee's MS4 which may cause a threat to human health or the environment? (G20 and S4.F)

Comments:

22. YES ☐ NO ☐
NA ☐ Notified Ecology of the failure to comply with the permit terms and conditions within 30 days of becoming aware of the non-compliance? (G20 and S4.F)

Comments:

23. YES ☐ NO ☐
NA ☐ Notified Ecology immediately in cases where the Permittee becomes aware of a discharge from the Permittees MS4 which may cause or contribute to an eminent threat to human health or the environment? (G20 and S4.F)

Comments:

Third Year Annual Report

A. Information Collection complete sections A, B and C for the third and following annual reports (S8.A, S8.B and S9)

List below either the results of information collected and analyzed during the reporting period, including monitoring data (if any) and how to contact for additional information OR summarize the results of information collected and indicate how more complete information can be obtained.

B. SWMP Evaluation (S8.B & S9)

You are required to assess the appropriateness of the BMPs you have selected to implement your SWMP. This evaluation is necessary to evaluate whether the MEP standard set by the permit is protective of water quality in your receiving water bodies. This assessment may be entirely qualitative. Select "N/A" if you are not yet implementing BMPs for a component of the SWMP.

- | | |
|--|--|
| 1. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | Are the BMPs selected and implemented for Public Outreach appropriate to minimize pollutants in the MS4 to the MEP?
<i>Comments:</i> |
| 2. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | Are the BMPs selected and implemented for Public Involvement appropriate to minimize pollutants in the MS4 to the MEP?
<i>Comments:</i> |
| 3. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | Are the BMPs selected and implemented for Illicit Discharge Detection and Elimination appropriate to minimize pollutants in the MS4 to the MEP?
<i>Comments:</i> |
| 4. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | Are the BMPs selected and implemented for Construction Stormwater Pollution Prevention appropriate to minimize pollutants in the MS4 to the MEP?
<i>Comments:</i> |

Third Year Annual Report

- | | |
|--|--|
| 5. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | Are the BMPs selected and implemented for Post-Construction Runoff Management appropriate to minimize pollutants in the MS4 to the MEP?
<i>Comments:</i> |
| 6. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | Are the BMPs selected and implemented for Good Housekeeping for Municipal Operations appropriate to minimize pollutants in the MS4 to the MEP?
<i>Comments:</i> |

C. Changes in BMPs or objectives (S8.B)

If any of the BMPs or objectives is being changed, list the old BMP and objective, the new BMP and objective, and a justification for the change below.

1. Old BMP:	Old Objective:
2. New BMP:	New Objective:
Justification for change:	
1. Old BMP:	Old Objective:
2. New BMP:	New Objective:
Justification for change:	

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Fourth Year Annual Report

Fourth Year Annual Report (and annually there after)

Two printed copies and one electronic copy of this report are due to Ecology by March 31 following the reporting period (S9 *Reporting Requirements*). The reporting period is the previous calendar year. Complete sections I through VI. Do not leave any questions blank.

I. Permittee Information

<i>Permittee Name</i>		<i>Permit Coverage Number</i>
<i>Contact Name</i>		<i>Phone Number</i>
<i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip + 4</i>
<i>Email Address:</i>		

II. Regulated Small MS4 Location

<i>Jurisdiction</i>
<i>Entity Type:</i> <input type="checkbox"/> Port <input type="checkbox"/> Diking/drainage district <input type="checkbox"/> Flood control district <input type="checkbox"/> College/University <input type="checkbox"/> Public school district <input type="checkbox"/> Park district <input type="checkbox"/> State agency _____ <input type="checkbox"/> Other _____
<i>Major receiving water(s):</i>

III. Relying on another Governmental Entity

If you are relying on another governmental entity to satisfy one or more of the permit obligations, list the entity and the permit obligation they are implementing on your behalf below. ***Attach a copy of your agreement with the other entity.***

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that Qualified Personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for willful violations.

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

V. Submittal

Deliver two printed and signed copies and one electronic copy (MS Word format or PDF, on CD ROM of this report by March 31 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

VI. Status Report For the Fourth Year Annual Report

1. YES <input type="checkbox"/> NO <input type="checkbox"/>	Labeled at least 50% of all storm drain inlets owned or operated by the Permittee that are located in maintenance yards, in parking lots, along sidewalks, and at pedestrian access points? (S6.D.1.a) Number of inlets labeled: _____ <i>Comments:</i>
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2. YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Distributed educational information to tenants and residents about the impact of stormwater discharges on receiving waters and steps that can be taken to reduce pollutants in stormwater runoff? (S6.D.1.b) <i>Comments:</i>
--	--

3. YES <input type="checkbox"/> NO <input type="checkbox"/>	Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern non-stormwater discharges (S6.D.3.a) <i>Comments:</i>
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4. YES <input type="checkbox"/> NO <input type="checkbox"/>	Implemented policies prohibiting illicit discharges and illegal dumping, including an enforcement plan? (S6.D.3.b) <i>Comments:</i>
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5. YES <input type="checkbox"/> NO <input type="checkbox"/>	Attached a summary of enforcement actions taken? (S6.D.3.b) <i>Comments:</i>
---	---

6. YES <input type="checkbox"/> NO <input type="checkbox"/>	Conducted field inspections and visually inspect for illicit discharges during dry weather at approximately one third of all known outfalls? (S6.D.3.d) Number of outfalls inspected: _____ <i>Comments:</i>
---	--

7. YES <input type="checkbox"/> NO <input type="checkbox"/>	Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern construction phase stormwater pollution prevention measures. (S6.D.4.a) <i>Comments:</i>
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8. YES <input type="checkbox"/> NO <input type="checkbox"/>	Have NPDES permit coverage for all applicable construction projects owned or operated by the Permittee? (S6.D.4.b) <i>Comments:</i>
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Fourth Year Annual Report

9. YES ☐ NO ☐ Provided training for relevant staff in erosion and sediment control BMPs and requirements, or hired trained contractors to perform the work? (S6.D.4.d)

Comments:

10. YES ☐ NO ☐ Provided access, as requested, for inspection of construction sites during the active grading and/or construction period? (S6.D.4.e)

Comments:

11. YES ☐ NO ☐ Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern post-construction stormwater pollution prevention measures, including proper operation and maintenance of the MS4? (S6.D.5.a)

Comments:

12. YES ☐ NO ☐ Applied the MTRs in Appendix 1 to all new public projects? (S6.D.5.c)

Comments:

13. YES ☐ NO ☐ Attached a summary of illicit discharges discovered and actions taken to eliminate the discharges. (S9)

Comments:

14. YES ☐ NO ☐ Conducted spot checks of stormwater facilities after major storms? (S6.D.6.a.i)

Comments:

15. YES ☐ NO ☐ Have NPDES permit coverage for all applicable industrial facilities owned or operated by the Permittee? (S6.C.6.b)

Comments:

16. YES ☐ NO ☐ Developed and implementing an O&M program? (S6.D.6.a)

Comments:

17. YES ☐ NO ☐ Provided adequate training for staff to carry out the SWMP? (S6.D.6.c)

Comments:

Fourth Year Annual Report

18. YES ☐ NO ☐ Is there an approved Total Maximum Daily Load (TMDL) applicable to stormwater discharges from a MS4s owned or operated by the Permittee? (S7)

19. YES ☐ NO ☐
NA ☐ Complied with the specific requirements identified in Appendix 2? (S7.A)

Comments:

20. YES ☐ NO ☐
NA ☐ Attached status report of TMDL implementation? (S7.A)

Comments:

21. YES ☐ NO ☐
NA ☐ Where monitoring was required in Appendix 2, did you conduct the monitoring according to a Quality Assurance Project Plan? (S7.A)

Comments:

22. YES ☐ NO ☐
NA ☐ Took appropriate action to correct or minimize the threat to human health or the environment or otherwise stop or correct the condition of any instances of non-compliance with any of the terms and conditions of this Permit, including discharges from the Permittee's MS4 which may cause a threat to human health or the environment? (G20 and S4.F)

Comments:

23. YES ☐ NO ☐
NA ☐ Notified Ecology of the failure to comply with the permit terms and conditions within 30 days of becoming aware of the non-compliance? (G20 and S4.F)

Comments:

24. YES ☐ NO ☐
NA ☐ Notified Ecology immediately in cases where the Permittee becomes aware of a discharge from the Permittees MS4 which may cause or contribute to an eminent threat to human health or the environment? (G20 and S4.F)

Comments:

A. Information Collection (S8.A, S8.B & S9)

List below either the results of information collected and analyzed during the reporting period, including monitoring data (if any) and how to contact for additional information OR summarize the results of information collected and indicate how more complete information can be obtained.

B. Evaluation of your SWMP (S8.B & S9)

You are required to assess the appropriateness of the BMPs you have selected to implement your SWMP. This evaluation is necessary to evaluate whether the MEP standard set by the permit is protective of water quality in your receiving water bodies. This assessment may be entirely qualitative. Select "N/A" if you are not yet implementing BMPs for a component of the SWMP.

- | | |
|--|--|
| 1. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | Are the BMPs selected and implemented for Public Outreach appropriate to minimize pollutants in the MS4 to the MEP?
<i>Comments:</i> |
| 2. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | Are the BMPs selected and implemented for Public Involvement appropriate to minimize pollutants in the MS4 to the MEP?
<i>Comments:</i> |
| 3. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | Are the BMPs selected and implemented for Illicit Discharge Detection and Elimination appropriate to minimize pollutants in the MS4 to the MEP?
<i>Comments:</i> |
| 4. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | Are the BMPs selected and implemented for Construction Stormwater Pollution Prevention appropriate to minimize pollutants in the MS4 to the MEP?
<i>Comments:</i> |

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5. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Are the BMPs selected and implemented for Post-Construction Runoff Management appropriate to minimize pollutants in the MS4 to the MEP? <i>Comments:</i>
6. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Are the BMPs selected and implemented for Good Housekeeping for Municipal Operations appropriate to minimize pollutants in the MS4 to the MEP? <i>Comments:</i>

C. Changes in BMPs or objectives (S8.B)

If any of the BMPs or objectives is being changed, list the old BMP and objective, the new BMP and objective, and a justification for the change below.	
1. Old BMP:	Old Objective:
2. New BMP:	New Objective:
Justification for change:	
1. Old BMP:	Old Objective:
2. New BMP:	New Objective:
Justification for change:	

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